



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUL -2 PM 3: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 22, 2015

OGH LLLP
HIRAM OCARIZ
999 PONCE DE LEON BLVD, STE. 650
CORAL GABLES, FL 33134

RECEIVED
JUN 29 2015

SUBJECT: MALCOM'S, LLC
Ref. Number: L15000062529

We have received your document for MALCOM'S, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00013052

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MALCOM'S, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HIRAM OCARIZ

Name of Person

OGH LLLP

Firm/Company

999 PONCE DE LEON BLVD., SUITE 650

Address

CORAL GABLES, FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (305) 444-8838
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MALCOM'S, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 JUL -2 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L15000062529.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

999 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

999 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES, FL 33134

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

OCARIZ, GARRASTACHO, HEVIA LLLP

New Registered Office Address:

999 PONCE DE LEON BLVD., SUITE 650

Enter Florida street address

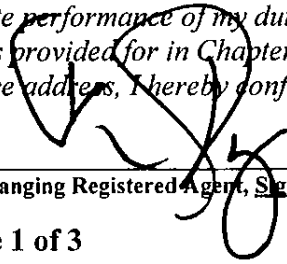
CORAL GABLES, Florida 33134

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	The Hackar Law Firm PA	8100 Oak Lane, Suite 401	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
MGR	Randy M. Martinez	8100 Oak Lane, Suite 401	<input type="checkbox"/> Add
		Miami Lakes, FL 33016	<input checked="" type="checkbox"/> Remove
AMBR	Randy M. Martinez	999 Ponce de Leon Blvd., Suite 650	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FL 32310

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____ June 15, 2015


Signature of a member or authorized representative of a member

RANDY M. MARTINEZ

Typed or printed name of signee

FILED
2015 JUL -2 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA